

SSB 5351 Collaborative Workgroup Meeting
April 24, 2026 | Zoom | 2:30pm-4:00pm

Attendance: Carol Carbone, Lisa Egbert, Jim Freeburg, Ron Gray, Megan Hartman, Kim Hudak, Jina Jilek, Bracken Killpack, Carolyn Logue, Jenna McKenzie, Christina Mojica, Sean Pickard, John Quirk, and Matt Sinnott

Ruckelshaus Center Staff: Amanda Murphy, Chris Page, and Gaby Diamond

OIC Staff: Jane Beyer and Sydney Rogalla

Additional Attendees: Crystal McGaffin and Mark Hanscom

Agenda: Continue discussion of proposals

Amanda asked members to keep the scope of the work in mind when discussing the following proposals. Members discussed and decided to start with the potential recommendation on transparency, then move to the proposal from providers related to relative payments based on network status.

Potential Recommendation on Transparency

This recommendation is designed to ensure that patients receiving care in network know the cost of the visit ahead of time, so they can shop for affordable prices. OIC does not directly regulate practices but does monitor balance billing and receive complaints to out-of-network providers.

A pre-determination is only applicable at one point in time. If a patient goes to the dentist in between when their pre-determination was filed and the procedure, the costs may change.

Some members felt that this recommendation will not work because of the extra administrative burden on providers to submit pre-determinations, even if only upon patient request. There are also issues around the claims: even with a pre-determination, if a provider submits claims and the claims don't meet certain criteria (that they don't know), it will not be approved.

Carriers said they would not be able to provide information on criteria which are not included on the pre-determination forms since they are more like claims forms. The group discussed disclaimers, but the dental sector does not have same statutes as in the medical field to enforce that. In addition, members expressed concern with patient literacy. This discussion will continue at the next Workgroup meeting.

Potential Recommendation on Relative Payment Based on Network Status from Providers

This recommendation is based on accessible Fair Health data, specifically the 80 percent UCR data point that any consumer can see. The proposal would require carriers to reimburse providers at 80 percent of the UCR on all dental procedures for out-of-network claims. If the Fair Health data is not available, the default payment would be the in-network rate for out-of-network claims.

A number of members expressed concerns about the OON reimbursement at the lower of in-network rates or 80th UCR. Concerns included:

- Would raise premiums and lead to increased patient out-of-pocket costs
- Having OON reimbursement rates at or above in-network rates could negatively impact market stability
- Providers would not be motivated or incentivized to join a network unless the carrier significantly increased in-network reimbursement
- Exposing patients to balance billing
- Reduce flexibility needed to manage employer and market needs

Providers proposed this recommendation to potentially have something in place while the APCD data collection occurs and aims to solve the challenges providers face when getting reimbursements. Providers feel that out-of-network dental reimbursement methods change significantly across carriers and can lead to unknown or unpredictable costs to patients, differing claims outcomes for same procedures, and more often administrative disputes between all parties. There are five specific reasons providers have included with this proposal (language directly from the proposal):

- **Cost Control and Premium Stability:** Paying the lower of in-network rates or 80% of UCR prevents perception of excessive reimbursement while maintaining reasonable access to care. It discourages artificially inflated billed charges without suppressing legitimate market-based compensation.
- **Fair and Geographic-Specific Reimbursement:** Using area- or region-based UCR ensures reimbursement reflects local economic conditions, rather than outdated or national averages that may not align with real-world costs
- **Reduced Member Financial Burden:** Limiting reimbursement to predictable benchmarks reduces unexpected billing and improves members' ability to estimate out-of-pocket expenses.
- **Alignment with Network Economics:** Because in-network rates are negotiated and actuarially validated, using them as a reimbursement ceiling prevents OON payments from exceeding amounts deemed reasonable for the same service in the same area.

- **Administrative Simplicity and Transparency:** A standardized rule reduces claim appeals, provider disputes, and administrative overhead for insurers and plan administrators.

The Workgroup also discussed the draft claims data collection recommendation and the associated timeline for executing the work. Some members expressed concerns that it would be years before the data report was available and that status quo would continue in the interim, and their concerns about OON reimbursements would continue to go unresolved. Other members questioned and/or disagreed that OON reimbursement is an issue, and emphasized the need for claims data, as referenced in the draft recommendation presented to the full Collaborative during the meeting earlier in the day.

Sydney and Jane (OIC) shared that they would look into whether getting some of the data the group is asking for could be done on a quicker timeframe. They will have some conversations internally to see what may be doable and will report back to the Workgroup by the May 15th meeting.

Decision/Action items:

- The OIC will look into whether they can gather and present the relevant data from the APCD on a shorter timeline and will bring an example of what it could look like to the next Workgroup meeting on May 15th.

Adjourn